

Nebraska WIC Program  
Additional Benefit Issuance Report

Client ID Number: \_\_\_\_\_ Family ID Number: \_\_\_\_\_

Client last name: \_\_\_\_\_

Client first name, Middle Initial: \_\_\_\_\_

Benefits were reissued due to: ☐ Custody Change    ☐ Formula Change  
☐ Loss of Food    ☐ Foster Care Placement

Description of situation or event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: _____ (MM/YY)	Date of Issue: _____ (MM/YY)

\_\_\_\_\_  
Participant Signature/Date

\_\_\_\_\_  
Authorized WIC Staff Signature